

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10)

567 176

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|--|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
| 1 | 1 | | | | | | |
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| 7 | | | | | | | |
| 8 | 1 | | | | | | |
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| 11 | | | | | | | |
| 12 | 1 | | | | | | |
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| 18 | | | | | | | |
| 19 | 1 | | | | | | |
| 20 | | | | | | | |
| 21 | | | | | | | |
| 22 | 1 | | | | | | |
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| 24 | | | | | | | |
| 25 | | | | | | | |
| 26 | 1 | | | | | | |
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| 32 | 1 | | | | | | |
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| TOTAL IND. | 7 | | | | | | |
| TOTAL DEP. | 20 | | | | | | |
| TOTAL CLAIMS | 35 | | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
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| 100 | | | | | | | |
| TOTAL IND. | | | | | | | |
| TOTAL DEP. | | | | | | | |
| TOTAL CLAIMS | | | | | | | |